Document Code: IMIS

Notice of Fee Due

Date: *04-09-07*

Application Number: *10/719 438*

A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee*. If an authorization is not present, notify the application of the fee deficiency.

*If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well.

❑ Insufficient payment by check or money order.

☑ Insufficient funds in deposit account _____.

❑ Insufficient payment by credit card.

❑ Declined credit card.

❑ No authorization to charge a deposit account.

Fee code(s) to be applied: _____*1801*_____ _____*790*_____

Amount in holding fee code: _____1622_____ _____

_____2622_____ _____

_____1999_____ _____

Total remaining due from applicant: _____ _____*790*_____

RAM Operator_____

Rev. 4/20/06

Deposit Account Maintenance

Deposit Account   Window   Help

1-44

Deposit Account

Number: 502734   **Balance Amount:** 710.00

Holder

Name: MICHAEL P. MAZZA, LLC

Address

Attention:

Street: 686 CRESCENT BLVD

Province:

City: GLEN ELLYN

State: IL   **Postal Code:** 60137

Country: US

Telephone: 630-858-5071   **Fax:** 630-858-0373

Details

Category Code: NONGOVNMNT   **Type:** REGULAR

Notification Amt: 0.00

Available Balance: 710.00

Status
(•) Active   ( ) Closed

AWONDAF1 04/09/2007